

DUNCAN J. MCNEIL, III  
2030 W. SPOFFORD  
SPokane, WA 99205  
INDICENT DISABLED  
UNLAWFULLY INCARCERATED  
PRISONER & PLAINTIFF

MO-FJ-16

DATE: 6/14/05

TIME: 19:00

2005 JUN 20 A 9:18

U.S. DISTRICT COURT  
MIDDLE DISTRICT OF ALABAMA

DUNCAN J. MCNEIL, III

PLAINTIFF

V.

UNITED STATES AND ITS  
OFFICERS & AGENCIES, ET  
AL

DEFENDANTS

CASE NO. 2:05CV587-F

URGENT EX PARTE

MOTION:

- ① TO PROCEED IFP W/O PAYMENT OF FEES;
- ② FOR ELECTRONIC FILING ACCESS TO COURT AND FOR A WAIVER OF PACER FEE AND ELECTRONIC FILING FEES;
- ③ FOR APPOINTMENT OF COUNSEL;
- ④ FOR SERVICE OF THE SUMMONS AND COMPLAINT BY THE CLERK & U.S. MARSHAL PER FRCP 4(c)(2)

I, DUNCAN J. MCNEIL, III, BEING SWORN UPON OATH HEREBY DECLARE UNDER THE PENALTY OF PERJURY THE FOLLOWING:

1. THAT I AM A "QUALIFIED INDIVIDUAL" WITH AN ESTABLISHED SSA DISABILITY, WHO IS ENTITLED TO REASONABLE ACCOMMODATIONS FROM THE DEFENDANTS AND THIS COURT.

2. THAT I AM PRESENTLY UNLAWFULLY

1 INCARCERATED BY THE STATE OF WASHINGTON,  
 2 COUNTY OF SPOKANE AND THE CITY OF SPOKANE,  
 3 IN VIOLATION OF MY CONSTITUTIONAL AND  
 4 CIVIL RIGHTS.

5 3. THAT I AM AN "OFFICER OF THE  
 6 UNITED STATES" AS DEFINED BY 42 U.S.C. §  
 7 1985(1) APPOINTED PURSUANT TO 11 U.S.C. §  
 8 1123(b)(3)(B) AS THE DISBURSING AGENT AND  
 9 LIQUIDATING TRUSTEE AND GENERAL MANAGER  
 10 FOR REORGANIZED DEBTOR BROADWAY  
 11 BUILDINGS II, L.P., ~~RE~~ PURSUANT TO ORDER  
 12 OF THE U.S. BANKRUPTCY COURT, CENTRAL  
 13 DISTRICT OF CALIFORNIA.

14 4. THAT AS A DISABLED PERSON,  
 15 I HAVE BEEN THE CONTINUING AND  
 16 ONGOING VICTIM OF INTENTIONAL  
 17 DISCRIMINATION AND RETALIATION, BY  
 18 THE U.S., THE STATE OF WASHINGTON,  
 19 THE COUNTY OF SPOKANE, AND THE CITY  
 20 OF SPOKANE, IN A KNOWING AND  
 21 INTENTIONAL VIOLATION OF MY CIVIL  
 22 AND CONSTITUTIONAL RIGHTS, FOR  
 23 HAVING EXERCISED MY COURT APPOINTED  
 24 DUTIES PURSUANT TO THE EXECUTION  
 25 AND ENFORCEMENT OF BROADWAY'S  
 26 CONFIRMED PLAN, PURSUANT TO U.S.  
 27 CONST. ART 4, § 1, FULL FAITH &  
 28 CREDIT CLAUSE.

5. BY THE ATTACHED IFP APPLICATION I MOVE THE COURT FOR AN ORDER ALLOWING ME TO PROCEED IN THIS ACTION WITHOUT PREPAYMENT OF FEES.

6. I ALSO MOVE THE COURT FOR AN ORDER ALLOWING ME ELECTRONIC FILING STATUS, ALONG WITH A WAIVER OF PACER AND ELECTRONIC ACCESS, FILING AND SERVICE FEES.

7. I FURTHER MOVE THE COURT FOR APPOINTMENT OF COUNSEL, IN THIS ACTION, PURSUANT TO 28 USC § 1915(c)(1), FOR THE FOLLOWING REASONS:

(9) TO ATTAIN DUE PROCESS OF LAW: THE PLAINTIFF, INDIGENT & UNLAWFULLY INCARCERATED, ASSERTS IN BRINGING THIS ACTION THAT THE PLAINTIFF HAS BEEN DENIED HIS FUNDAMENTAL RIGHTS TO DUE PROCESS OF LAW, AND HAS BEEN UNLAWFULLY DENIED ACCESS TO THE COURTS, WARRANTING APPOINTMENT OF COUNSEL IN THIS PARTICULAR CASE, SEE HATFIELD V. BAILLEAUX, 290 F.2d 632 (9th Cir 1961);

1 (b) THE PLAINTIFF'S ACTION IS  
2 NECESSITATED AND BROUGHT ABOUT  
3 BY THE DEFENDANT'S ALLEGED  
4 CONSPIRACY TO CONCEAL THE PLAINTIFF'S  
5 UNLAWFUL ARRESTS, AND TO OBTAIN  
6 INVALID CRIMINAL CONVICTIONS, THEREBY  
7 WARRANTING THE APPOINTMENT OF  
8 COUNSEL, SEE WHITE V. WALSH, 649  
9 F.2d 560 (8th CIR 1981);

10 (c) THE DENIAL OF COUNSEL, IN  
11 THE PARTICULAR CASE, WOULD RESULT IN  
12 A FUNDAMENTAL UNFAIRNESS, DUE TO  
13 PLAINTIFF'S CONTINUING DENIAL OF ACCESS  
14 TO COURTS/LAW LIBRARY, INFORMING  
15 UPON THE INDIGENT PRISONER'S DUE  
16 PROCESS RIGHTS, THEREBY REQUIRING  
17 APPOINTMENT, SEE CHICKS V. DUCKWORTH,  
18 705 F.2d 915 (7th CIR. 1983);

19 (d) APPOINTMENT OF COUNSEL IS  
20 NECESSARY WHEN AN INDIGENT PRISONER,  
21 AS IN THIS CASE, IS PROHIBITED ADEQUATE  
22 ACCESS TO LAW LIBRARY, COPIER, TYPEWRITER,  
23 AND OTHER RESOURCES NEEDED TO PROSECUTE  
24 THE CASE, SEE RAYES V. JOHNSON,  
25 969 F.2d 700 (8th CIR. 1992);

26 (e) INDIGENT PRISONER IS  
27 PERMANENTLY DISABLED, WITH A CHRONIC  
28 #



(SEE PGS 9 OF 20 TO 20 OF 20 ATTACHED)

1 DIBILIATING DISEASE, CHRONIC DISEASE,  
2 WHICH LIMITS AND INTERFERES WITH  
3 THE INDIGENT DISABLED PRISONER'S  
4 ABILITY TO PRESENT HIS CASE TO THE  
5 COURT, AND RECEIVE A FAIR TRIAL,  
6 SEE MCCARTHY V. WEINBERG, 753 F.2d 836  
7 (10TH CIR 1985); JACKSON V. COUNTY OF  
8 MCLEAN, 953 F.2d 1070 (7TH CIR 1992).

9 8. THE SUBJECT ACTION RELATES  
10 TO SIGNIFICANT CONSTITUTIONAL ISSUES,  
11 OF PUBLIC IMPORTANCE, AS TO FULL FAITH  
12 & CREDIT, ACCESS TO COURTS, & FALSIFIED  
13 CRIMINAL HISTORY AND INDIVIDUAL AGENCY  
14 RECORDS, WHICH WARRANT THE  
15 APPOINTMENT OF COUNSEL, AS THE  
16 CASE RAISES SEVERAL ISSUES  
17 OF FIRST IMPRESSION, WHICH COULD  
18 LEAD TO SIGNIFICANT PRECEDENTIAL  
19 AUTHORITY.

20 9. THE PLAINTIFF MOVES THE  
21 COURT FOR AN ORDER REQUIRING SERVICE  
22 OF THE SUMMONS & COMPLAINT ON THE  
23 DEFENDANTS BY THE U.S. MARSHAL  
24 SERVICE AT THE COST OF THE U.S.

25 I DECLARE THE FOREGOING IS TRUE AND  
26 CORRECT UNDER THE PENALTY OF PERJURY OF  
27 THE LAWS OF THE UNITED STATES.

28 DATED: 6/14/05

PG 5 OF 20

*[Signature]*

AND I HAVE CONTACTED OVER 30 PUBLIC SERVICE AGENCIES  
COMPOSED IN LAST 90 DAYS, AND EACH HAS RETURNED TO ME  
DECLINED DUE TO COMPLEXITY OF CASE

AO 240 (Rev. 10/03)

## UNITED STATES DISTRICT COURT

MIDDLE

District of  ALABAMA

DUNCAN T. McNEIL

Plaintiff

V.

UNITED STATES

Defendant

APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

CASE NUMBER:

I, DUNCAN T. McNEIL declare that I am the (check appropriate box)☒ petitioner/plaintiff/movant/respondent ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Part 2)If "Yes," state the place of your incarceration SPRINGS CO. JAILAre you employed at the institution? NO Do you receive any payment from the institution? NO

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. (List both gross and net salary.)

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

SSA DISABLED SINCE 10/00

3. In the past 12 twelve months have you received any money from any of the following sources?

- |   |   |  |
|---|---|--|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends           | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments    | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| f. Any other sources                              | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |

SSA \$370/mo.

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

PG 607 020

AO 240 Reverse (Rev. 10/03)

4. Do you have **any** cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes," state the total amount. \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes," describe the property and state its value.

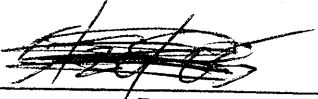
NONE

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. (If children are dependents, please refer to them by their initials)

D.J. MENTIL, SON, 15 \$585/mo.  
 PAUL MENTIL, DAUGHTER, 10 PRIO BY SSA

I declare under penalty of perjury that the above information is true and correct.

6/14/05



Date



Signature of Applicant

**NOTICE TO PRISONER:** A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

### ORDER OF THE COURT

The application is hereby denied.

The application is hereby granted. Let the applicant proceed without prepayment of costs or fees or the necessity of giving security thereof.

United States Judge

Date

United States Judge

Date

PG 7 OF 20

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF ~~ALABAMA~~

ALABAMA, MIDDLE

## CONSENT TO COLLECTION OF FEES FROM TRUST ACCOUNT

Re: MUNIEL v. UNITED STATES

Civil Action No. \_\_\_\_\_


I, DUNCAN T. MUNIEL # CWD#283752, hereby consent for the appropriate prison official to withhold from my prison account and to pay the U.S. District Court an initial fee of 20 percent of the greater of:

- (a) the average monthly deposits to my account for the six-month period immediately preceding the filing of my complaint; or
- (b) the average monthly balance in my account for the six-month period immediately preceding the filing of my complaint.

I further consent for the appropriate prison officials to collect from my account on a continuing basis each month, an amount equal to 20 percent of each month's income. Each time the amount in the account reaches \$10, the Trust Officer shall forward the interim payment to the Clerk's Office, U.S. District Court, until such time as the \$150.00 filing fee is paid in full.

If appropriate, I will execute the institution consent form where I am housed, which will permit the staff to withdraw the amount ordered by this court as payment for the filing fee each month until the \$150.00 filing fee is paid in full.

By executing this document, I also authorize collection, on a continuing basis, any costs imposed by the District Court.

  
\_\_\_\_\_  
Signature of Plaintiff

PLG 80F 20



From: Duncan J. McNeil To: James R. Larsen

Date: 7/30/2004 Time: 4:02:18 PM

Page 4 of 14

**Social Security Administration  
Retirement, Survivors and Disability Insurance  
Notice of Award**

Office of Central Operations  
1500 Woodlawn Drive  
Baltimore, Maryland 21241-1500  
Date: September 2, 2003  
Claim Number: 546-25-4246HA

0029 MCS,PC7,1,BA,T137,858,151  
DUNCAN J MCNEIL III  
PO BOX 2906  
SPOKANE, WA 99220-2906

000014982 82 MB 8.5M

|||||

You are entitled to monthly disability benefits beginning May 2003.

**The Date You Became Disabled**

We found that you became disabled under our rules on November 5, 2002. This is different from the date given on the application.

Also, you have to be disabled for 5 full calendar months in a row before you can be entitled to benefits. For these reasons, your first month of entitlement to benefits is May 2003.

**What We Will Pay And When**

- You will receive \$3,080.00 around September 8, 2003.
- This is the money you are due for May 2003 through August 2003.
- Your next payment of \$770.00, which is for September 2003, will be received on or about the third Wednesday of October 2003.
- After that you will receive \$770.00 on or about the third Wednesday of each month.
- These and any future payments will go to the financial institution you selected. Please let us know if you change your mailing address, so we can send you letters directly.

The day we make payments on this record is based on your date of birth.

Enclosure(s):  
Pub 05-10153  
Pub 05-10058

C

See Next Page

PL 90F 20

From: Duncan J. McNeil To: James R. Larsen

Date: 7/30/2004 Time: 4:02:18 PM

Page 5 of 14

546-25-4246HA

Page 2 of 3

**Other Social Security Benefits**

The benefit described in this letter is the only one you can receive from Social Security. If you think that you might qualify for another kind of Social Security benefit in the future, you will have to file another application.

**Your Responsibilities**

The decisions we made on your claim are based on information you gave us. If this information changes, it could affect your benefits. For this reason, it is important that you report changes to us right away.

We have enclosed a pamphlet, "When You Get Social Security Disability Benefits...What You Need To Know." It will tell you what must be reported and how to report. Please be sure to read the parts of the pamphlet which explain what to do if you go to work or if your health improves.

A provider of employment or vocational rehabilitation services may contact you about getting help to go to work. The provider may be a State vocational rehabilitation agency or a provider under contract with the Social Security Administration.

If you go to work, special rules allow us to continue your cash payments and health care coverage. For more information about how work and earnings affect disability benefits, call or visit any Social Security office and ask for the following publications:

- Social Security - Working While Disabled...How We Can Help (SSA Publication No. 05-10095).
- Social Security - If You Are Blind--How We Can Help (SSA Publication No. 05-10052).

**Do You Disagree With The Decision?**

If you disagree with this decision, you have the right to appeal. We will review your case and consider any new facts you have. A person who did not make the first decision will decide your case. We will correct any mistakes. We will review those parts of the decision which you believe are wrong and will look at any new facts you have. We may also review those parts which you believe are correct and may make them unfavorable or less favorable to you.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason for waiting more than 60 days to ask for an appeal.
- You have to ask for an appeal in writing. We will ask you to sign a Form SSA-561-U2, called "Request for Reconsideration". Contact one of our offices if you want help.

PG 10 of 20

20030002\_Y\_46\_SSA\_Award\_Letter\_may

546-25-4246HA

Page 3 of 3

Please read the enclosed pamphlet, "Your Right to Question the Decision Made on Your Social Security Claim". It contains more information about the appeal.

**Things To Remember For The Future**

Doctors and other trained staff decided that you are disabled under our rules. But, this decision must be reviewed at least once every 3 years. We will send you a letter before we start the review. Based on that review, your benefits will continue if you are still disabled, but will end if you are no longer disabled.

**If You Want Help With Your Appeal**

You can have a friend, lawyer or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

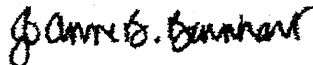
If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it. And if you hire a lawyer, we will withhold up to 25 percent of any past due benefits to pay toward the fee.

**If You Have Any Questions**

We invite you to visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-509-353-2591. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY  
SUITE A  
811 E SPRAGUE AVE  
SPOKANE, WA 99202

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.



Jo Anne B. Barnhart  
Commissioner  
of Social Security

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From: Duncan J. McNeil To: James R. Larsen

Date: 7/30/2004 Time: 4:02:18 PM

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Sent By: LINOLEUM AND CARPET CITY;  
To: ESG EFAX At: 92713775

5093269438;

Dec-3-03 1:48PM;

Page 1/2

**Social Security Administration**  
**Retirement, Survivors, and Disability Insurance**  
**Important Information**

M7

Office of Central  
Operations  
1500 Woodlawn Drive  
Baltimore, Maryland 21241-1500  
Date: November 30, 2003  
Claim Number: 546-25-4246 HA

Duncan McNeil III  
PO Box 2906  
Spokane WA 99220

We are writing to you about court order number IN4871523.

In an earlier letter, we told you that we might have to take money out of your Social Security payments to satisfy the court order. Washington State Support Registry has ordered us to take money out to collect child support and/or alimony. Therefore, we will reduce the monthly payments beginning November 2003.

**What We Will Take Out**

We will take out \$385.00 from each monthly payment to collect what you owe. ~~You will receive a check for \$385.00 each month~~ beginning with the check you receive around December 3, 2003.

**If You Disagree With The Decision**

If you disagree with the decision of Washington State Support Registry, you will need to contact them directly, or have a lawyer do this for you. They can be contacted at:

Washington State Support Registry  
PO Box 45868  
Olympia WA 98504

**If You Have Any Questions**

We invite you to visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-509-353-2591. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778.

SEE NEXT PAGE

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From: Duncan J. McNeil To: James R. Larsen

Date: 7/30/2004 Time: 4:02:18 PM

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Sent By: LINOLEUM AND CARPET CITY;

5093269438;

Dec-3-03 1:46PM;

Page 2/2

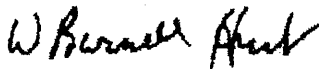
546-25-4246 HA

Page 2

You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY  
SUITE A  
811 E SPRAGUE AVE  
SPOKANE, WA 99202

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.



W. Burnell Hurt  
Associate Commissioner for  
Central Operations

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From: Duncan J. McNeil To: James R. Larsen

Date: 7/30/2004 Time: 4:02:18 PM

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Nov 07 03 01:50p

From: Duncan J. McNeil 509-271-3775 To: MD Dr. Charles W. Laudendach

Date: 11/7/2003 Time: 10:40:20 AM

p. 2

Page 2 of 2

Oct 08 03 03:34p

p. 2



400 East Fifth Avenue, P.O. Box 3449  
 Spokane, WA 99220-3449  
 Phone: (509) 438-2531 / 1-800-776-4048  
 Fax: (509) 439-1997  
 www.rockwoodclinic.com

September 22, 2003

SATellite SERVICE  
 Cherry Medical Center  
 Medical Lake Family Practice  
 Rockwood Clinic Cardiology  
 Rockwood Clinic Cancer & Allied Health  
 Rockwood Clinic EYE Center  
 Rockwood Clinic Gastroenterology  
 Rockwood Clinic Women's Practice  
 Rockwood Clinic Heart  
 Rockwood Clinic Neurology  
 Rockwood Clinic Physical Therapy  
 Rockwood Clinic Speech  
 Valley Rockwood Clinic  
 Valley Rockwood Physical Therapy

Duncan J McNeil III  
 P.O. Box 2906  
 Spokane, WA 99220-2906

RE:  
 MCNEIL, DUNCAN III J  
 1571942  
 DOB: 03/14/1957

TO WHOM IT MAY CONCERN:

Mr. McNeil is a patient whom I have seen since January of 2001. Mr. McNeil, unfortunately has a medical condition resulting in his inability to appear in court. I would appreciate it if this can be taken into consideration and possibly a telephone appearance could be allowed in this case.

Thank you for your consideration.

Sincerely,

Charles Laudendach, MD  
 Internal Medicine

408/J:1351822/D:1484856/CL:10

O: 09/22/2003 17:57:38

T: 09/24/2003 08:15:48

Our mission: Rockwood Clinic is a physician owned, multi-specialty medical practice. Our team of doctors and staff is dedicated to the delivery of the best patient care available.  
 We strive to provide a positive and satisfying environment. Our values: compassion • excellence • teamwork • service • education • safety.

20030922 X-44 Letter from Dr Laudendach SIGNED re telephone appearance.max

From: Duncan J. McNeill To: James R. Larsen

Date: 7/30/2004 Time: 4:02:18 PM

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Sent By: LINOLEUM AND CARPET CITY;  
To: ESG EFAX At: 92713775

5093269438;

Sep-5-03 3:39PM;

Page 1/1

**Ronald M. Klein, Ph.D.**Behavioral Medicine Service  
601 West Main Avenue, Suite 1011  
Spokane, WA 99201 (509) 838-1285

09/02/2003

Division of Disability Determination

Spokane, WA

re: Duncan McNeill DOB: 3/14/1957

Dear Sir/Madam:

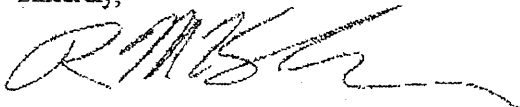
Mr. McNeill was a patient of mine three years ago. With his consent, I am providing you with the following information. His dates of service were:

11-14-00; 11-21-00; 11-28-00; 12-5-00; and 12-29-00.

He had been referred by his physician Dr. Creel at Rockwood Clinic. After my initial evaluation of him on 11-14-00, I diagnosed Mr. McNeill with [redacted confidential]

[redacted confidential] He appeared to be reacting to a newspaper story published at that time about his ongoing legal dispute with well known public officials. Mr. McNeill felt he had been characterized in that story in a grossly unfair manner. He was also being treated by his physician for ongoing [redacted] and was being medicated for that. I provided [redacted] to Mr. McNeill during those sessions and also made recommendations to his physician regarding use of [redacted confidential]. I have not seen him clinically since 12-29-00. I did have a recent phone conversation with him during which he informed me that his symptoms have continued on since that time and that your agency has found him to be disabled. It is my understanding that Mr. McNeill has undergone [redacted confidential] with other practitioners over these past 3 years.

Sincerely,

Ronald M. Klein, Ph.D.  
Behavioral Medicine Service

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From: Duncan J. McNeil To: James R. Larsen

Date: 7/30/2004 Time: 4:02:18 PM

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2004/JUL/14/WED 01:36 PM CHAS MAPLE

FAX No. 1-509-444-7807

P. 001/001

**Community Health Association of Spokane****07/13/2004****RE: Dj McNeil**

To Whom it may Concern;

Mr. McNeil has been diagnosed with colitis. He was last seen in clinic 05/24/04. He phoned the clinic 07/08/04 and stated he was having a flare of colitis. He phoned the clinic again today asking for a letter stating that he is having a flare of colitis, is bedridden, and is unable to appear in court on 07/14/04. Since the patient has not been seen in this clinic since May 24 of this year, I cannot verify his current health status relative to his colitis; nonetheless, he requested a letter to inform the court of the foregoing.

Thank you for your consideration.

Sincerely,

Bill Lawson, PA-C

CC: Patient file

**Maple CHAS Clinic**  
3919 North Maple Street  
Spokane, WA 99205  
(509) 444-7801

**DT CHAS Clinic**  
1001 W 2nd Ave.  
Spokane, WA 99201  
(509) 838-1205

**Valley CHAS Clinic**  
9227 E. Main St.  
Spokane, WA 99206  
(509) 444-8200

**NE CHAS Clinic**  
4001 N. Cook St  
Spokane, WA 99207  
(509) 487-1604

PL 16 OF 20



COMMUNITY  
H E A L T H  
A S S O C I A T I O N  
O F S P O K A N E

**Community Health Association of Spokane**

**09/03/2004**

**RE: Dj McNeil**

To: Whom It May Concern

This person has anxiety and is on treatment for it. He may do better to have telephone appearances for his court hearings.

Sincerely,

Alisa ML Hideg, MD

CC: Patient file

**Maple CHAS Clinic**  
3919 North Maple Street  
Spokane, WA 99205  
(509) 444-7801

**DT CHAS Clinic**  
1001 W 2nd Ave.  
Spokane, WA 99201  
(509) 835-1205

**Valley CHAS Clinic**  
9227 E. Main St.  
Spokane, WA 99206  
(509) 444-8200

**NE CHAS Clinic**  
4001 N. Cook St  
Spokane, WA 99207  
(509) 487-1604

PC 170720

**Community Health Association of Spokane**

3919 North Maple St.  
Spokane, WA 99205  
(509) 444-7801

9227 E. Main St  
Spokane, WA 99206  
(509) 444-8200

1001 W. 2nd  
Spokane, WA 99201  
(509) 835-1205

4001 N. Cook St  
Spokane, WA 99207  
(509) 487-1604

Encounter Date: 09/03/2004 Provider: Alisa Hideg MD  
Patient Name: McNeil, Dj Date of Birth: 03/14/1957

**Pt. here for Follow-up OV.**

47 Years old, male Pt. here for Follow-up OV.

**CHIEF COMPLAINT**

1. **Colitis (follow-up)** Comments: Pt states that he is having a flare up of his colitis again. Pt feels he is having burning w/ urination and stools passing. Pt has not had much blood in his stool for 6 weeks. He had bleeding for approximately 6 days in his emesis and stools at that time 6 weeks ago. Nauseated x two and 1/2 weeks now.

2. **Anxiety (follow-up)** Comments: He denies caffeine use. Pt is going to court re: charges against him - not specific. Has friend who is here w/ him. Pt wants medication to use when anxious about going outside

**CHRONIC CONDITIONS**

1. **ASTHMA.**
2. **Anxiety state NOS.**

**CURRENT MEDICATIONS**

| <u>Brand Name</u>                 | <u>Dose</u><br><u>Note</u> | <u>Route Desc</u> | <u>Sig Desc</u>               |
|-----------------------------------|----------------------------|-------------------|-------------------------------|
| Prevacid<br>daily (PT ASSISTANCE) | 30mg                       | Oral              | Take one capsule by mouth     |
| Advair Diskus<br>twice daily      | 100/50                     | Inhalation        | Inhale 1 puff into your lungs |
| Celebrex                          | 200mg                      | Oral              | one tablet by mouth daily     |
| Albuterol                         | 90mcg                      | Inhalation        |                               |
| Flovent                           | 110mcg                     | Inhalation        |                               |
| Prilosec                          | 20mg                       | Oral              |                               |

**ALLERGIES**

| <u>Description</u>      | <u>Reaction:</u> |
|-------------------------|------------------|
| No Known Drug Allergies |                  |

**Nurse/MA Comments:**

Allergy List Confirmed. Medications Confirmed. Immunizations Confirmed.  
Immunizations Up-to-Date

**Physical Examination:****Vital Signs:**

Height: 72.00 inches. (182.88 cm), Weight: 216.00 lbs. (98.18 kgs). BMI = 29.32;

Temperature: 97.00 F. (36.11 C) Respirations: 16

170/120 Right arm sitting. (used Regular Adult cuff).

Pulse rate is 84 per minute, regular.

Orthostatic B/Ps: L arm supine, B/P is 160/100; Pulse L arm supine is 84 beats/minute.

**Constitutional:**

McNeil, Dj

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Alisa Hideg MD

PG 18 OF 20



No acute distress. Well nourished.  
Appearance: disheveled.

**Abdomen:** Abdomen soft, non-tender, non-distended; normal bowel tones; no hepatosplenomegaly. No palpable mass; no CVA tenderness.

**P.H.Q.**

1. Feeling down, depressed or hopeless?  
**Nearly every day.**
2. Little interest or pleasure in doing things.  
**Not at all.**
3. Trouble falling asleep or sleeping too much  
**Nearly every day.**
4. Feeling tired or having little energy  
**Nearly every day.**
5. Poor appetite or overeating  
**Nearly every day.**
6. Feeling bad about yourself--or that you are a failure or have let yourself or your family down.  
**Nearly every day.**
7. Trouble concentrating on things, such as reading the newspaper or watching television.  
**Nearly every day.**
8. Moving or speaking so slowly that other people could have noticed? Or the opposite--being so fidgety or restless that you have been moving around a lot more than usual?  
**Nearly every day.**
9. Thoughts that you would be better off dead, or of hurting yourself in some way?  
**Not at all.**
10. If you are experiencing any of these problems, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?  
**Extremely difficult.**
11. If these problems have caused you difficulty, have they caused you difficulty for two years or more?  
**Yes, I have had difficulty with these problems for 2 years or more.**

How many days in the last two weeks have you missed doing things because you are depressed?  
**14 Day(s)**

Depression symptom score is 0;  
Severity score is 21; Severe Depression.

\* **Client has significant functionability impairment.**

**Consider DX of Dysthymia.**

**Client is in CHAPPY Registry.**

Next PHQ due in 4-8 weeks, (10/01/2004).

**In-House labs:**

Urine Dipstick values:

Spec gravity: 1.015; Ph: 5; Leukocytes: negative; Nitrites: negative; Protein: negative; Glucose: normal; Ketones: negative; Urobilinogen: normal; Bilirubin: negative;

Blood: negative;

Blood glucose: 96mg/dl.

**ASSESSMENT / PLAN**

**1. Colitis, ulcerative NOS** (Re: eval & TX of ICD-9 556.9).

- Start Asacol

F/U w/ GI

**2. Panic disorder** (Re: eval & TX of ICD-9 300.01).

Pt to increase zoloft dose

Use hydroxyzine prn

**Medications ordered this visit:** (Potential adverse drug reactions discussed.)

| <u>Brand Name</u> | <u>Dose</u> | <u>Rx Refills</u> | <u>Rx Quantity</u> | <u>Sig Desc</u>                       |
|-------------------|-------------|-------------------|--------------------|---------------------------------------|
| Asacol            | 400mg       | 0                 | 30                 | one tablet by mouth three times dai   |
| Metamucil         |             | 0                 | 0                  | 1 tbsp po BID                         |
| Zoloft            | 100mg       | 3                 | 30                 | two tablets by mouth daily            |
| Atarax            | 100mg       | 1                 | 90                 | 1/2 to 1 tab po q 4-6 hrs prn anxiety |

MA/Nurse: Mark E. Brooks

Alisa Hideg MD